UNITED STATES DISTRICT COURT

for the

Eastern District of Virginia

Division

) Case No. 3:22 (V U 2
Robert Griffey, Pro Se	(to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.))) Jury Trial: (check one) Yes No)
-v-))))
Carrie Roth, Commissioner Virginia Employment)
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Robert Griffey, Pro Se
Street Address	7303 Durwood Cres
City and County	Henrico, Henrico
State and Zip Code	Virginia 23229
Telephone Number	816 810 6794
E-mail Address	timber2tone@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1	
Name	Carrie Roth
Job or Title (if known)	Commissioner of Virginia Employment
Street Address	6606 West Broad St
City and County	Richmond Richmond
State and Zip Code	VA 23230
Telephone Number	8047863020
E-mail Address (if known)	
Defendant No. 2	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	
D man reduces (y mown)	
Defendant No. 3	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	
Defendant No. 4	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
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Pro Se	1 (Rev. 12	/16) Comp	laint for a C				
			E-ma	nil Address (if known)			
п.	Basi	asis for Jurisdiction					
Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or trea is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.				sity of citizenship of the on or federal laws or treaties e State sues a citizen of of citizenship case. In a			
	Wha	t is the t	asis for	federal court jurisdiction? (check all that apply)			
		⊠ Fed	leral que	stion Diversity of citizenship			
	Fill o	out the p	aragraph	s in this section that apply to this case.			
	A.	A. If the Basis for Jurisdiction Is a Federal Question					
		List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.					
Section 303 (a) (1) Social Security Act							
	В.	B. If the Basis for Jurisdiction Is Diversity of Citizenship					
		1.	The l	Plaintiff(s)			
			a.	If the plaintiff is an individual			
				The plaintiff, (name)	, is a citizen of the		
				State of (name)			
			b.	If the plaintiff is a corporation			
				The plaintiff, (name)	, is incorporated		
				under the laws of the State of (name)			
				and has its principal place of business in the State of (name))		
			. •	ditional page providing the			
		2.		information for each additional plaintiff.) Defendant(s)			

If the defendant is an individual a.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

	The defendant, (name) Carrie Roth, Commissioner	, is a citizen of		
	the State of (name) Virginia (foreign nation)	. Or is a citizen of		
b.	If the defendant is a corporation			
	The defendant, (name)	, is incorporated under		
	the laws of the State of (name)	, and has its		
	principal place of business in the State of (name)	•		
	Or is incorporated under the laws of (foreign nation)	,		
	and has its principal place of business in (name)			
same	ore than one defendant is named in the complaint, attach an a information for each additional defendant.) Amount in Controversy	dditional page providing the		
	mount in controversy—the amount the plaintiff claims the defi- is more than \$75,000, not counting interest and costs of cour			
in th	e Law must provide for: 1) paying benefits promptly, after a declaimant's favor AND 2. Providing reasonable notice to and place			

III. Statement of Claim

3.

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Defendant stopped payment of unemployment benefits to Plaintiff in October 2020 without any reason or method that allowed Plaintiff to find out the reason. Plaintiff made many telephone calls and written inquiries without answer or reply. Plaintiff filed an Appeal December 28, 2020 and April 4, 2021 with no response but an email from Defendant on January 27 that was incomplete but threatened to terminate the Appeal without reason or cause. Plaintiff called Defendant repeatedly to determine procedures but Defendant did not answer or reply and no one at the Defendant's Virginia Employment Commission will respond to Plaintiff's inquiries.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Plaintiff seeks unemployment benefits	from October 3.	. 2020 until	October 202	21
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V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing:	02/01/2022
	Signature of Plaintiff Printed Name of Plaintiff	S/RG Kobert Criffey Robert Griffey
В.	For Attorneys	
	Date of signing:	
	Signature of Attorney	
	Printed Name of Attorney	
	Bar Number	
	Name of Law Firm	
	Street Address	
	State and Zip Code	
	Telephone Number	
	E-mail Address	

Virginia Employment Commission Attn: First Level of Appeals P O Box 26441 Richmond VA 23261-6441

December 28, 2020

Virginia Employment Commission P O Box 27887 Richmond Virginia 23261-7887

Social Security Number: 498-48-3425

Beneficiary: Robert A Griffey

APPEAL FOR CLAIM BENEFITS

This is full, formal and complete Appeal and request, notice and demand for the benefits for claimed earnings owed to this claimant.

The publications, or telephone interactive voice prompts, of the Commission have supplied no other method for requesting or obtaining the reason for denial of benefits than pursuant to written Appeal, demand, request or notice.

The Commission must grant a Hearing and send to the beneficiary claimant a statement of benefit reasons by mail, express or personal delivery immediately when this notice is received by the Commission.

Send to:

Robert A Griffey 7303 Durwood Cres Henrico VA 23229

Respectfully submitted,

Robert A Griffey phone: 816-810-6794

email: timber2tone@gmail.com

Virginia Employment Commission Attn: First Level of Appeals P O Box 26441 Richmond VA 23261-6441

Virginia Employment Commission P O Box 27887 Richmond Virginia 23261-7887 April 4, 2021

Social Security Number: 498-48-3425

Beneficiary: Robert A Griffey

<u>APPEAL AND REQUEST FOR CLAIM BENEFITS</u>

This is full, formal and complete request, notice and demand for the benefits for claimed earnings owed to this claimant. None of the required benefits have been paid since claimant became unemployed on or about October 3, 2020.

Claimant has made all claims for benefits from October 3, 2020 until March 20, 2021, giving all information and making all statements requested by the Virginia Employment commission.

Claimant filed a request by mail on December 28, 2020, but has not been informed of any reasons for denial of claim benefits to this claimant.

The publications, or telephone interactive voice prompts, of the Commission have supplied no other method of requesting or obtaining the reason for denial of benefits than pursuant to this written Appeal, Demand, Request or Notice.

The Commission must reply to this Appeal in a timely fashion, or make payment of claimed benefits immediately, and send to the beneficiary claimant a statement of benefit reasons by mail, express or personal delivery immediately when this Appeal, Demand, Request or Notice is received by the Commission.

Send to:

Robert A Griffey 7303 Durwood Cres Henrico VA 23229

Respectfully submitted,

Robert A. Griffey, Claimant phone: 816-810-6794

email: timber2tone@gmail.com